Fill in thi	s information to identify your case:						directed in this form an	d in Form
Debtor 1	Michael S. Helmstetter			12	2A-1Supp			
Debtor 2 (Spouse, if					☐ 1. Ther	e is no pres	sumption of abuse	
	States Bankruptcy Court for the: Northern Distri	ct of Illinoi	is		арр	ies will be r	to determine if a presu made under <i>Chapter 7</i> ficial Form 122A-2).	
(if known)	e number 19-28687				☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.			
					•		an amended filing	
Offici	al Form 122A - 1				_ 000.		arramenaea ming	
	oter 7 Statement of Your C	urren	t Mor	nthly Inc	ome			10/19
attach a s case num qualifying Part 1:	nplete and accurate as possible. If two married peoperate sheet to this form. Include the line number ber (if known). If you believe that you are exempted military service, complete and file Statement of Excurate Your Current Monthly Income nat is your marital and filing status? Check one Not married. Fill out Column A, lines 2-11.	to which the from a pre emption fro	ne addition esumption	nal information of abuse becau	applies. On ise you do	the top of a not have pri	ny additional pages, wr marily consumer debts	ite your name and or because of
	,		0 - 1	A I D I'	0.44			
	Married and your spouse is filing with you. Fi			•	32-11.			
	Married and your spouse is NOT filing with yo ☐ Living in the same household and are not l		•	-	م ۸ محصیا	nd D. linna	0.44	
	☐ Living separately or are legally separated. I penalty of perjury that you and your spouse a living apart for reasons that do not include every series.	Fill out Corre legally:	lumn A, li separated	nes 2-11; do no I under nonbar	ot fill out C nkruptcy la	olumn B. By w that appli	y checking this box, yo	
101(10 the 6 r	the average monthly income that you received from DA). For example, if you are filing on September 15, the nonths, add the income for all 6 months and divide the tes own the same rental property, put the income from the	6-month pe otal by 6. F	eriod would ill in the re	be March 1 thro sult. Do not inclu	ugh August de any inco	31. If the amme	ount of your monthly incomore than once. For exam	me varied during ple, if both
					Column Debtor 1	4	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, and commissions (before a payroll deductions).					4,893.33	\$	
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$		
of y from	amounts from any source which are regularly you or your dependents, including child supp on an unmarried partner, members of your houseld roommates. Include regular contributions from a din. Do not include payments you listed on line is	ort. Includ nold, your a spouse o	de regular depende	contributions nts, parents,	\$	0.00	\$	
1	t income from operating a business, profession							
		•		tor 1				
	oss receipts (before all deductions)	\$ -\$	0.00					
	dinary and necessary operating expenses	· –		Copy here ->	¢	0.00	\$	
i	t monthly income from a business, profession, or	tarm \$ _	0.00	Copy liere ->	- Ψ	0.00	Ψ	
6. Ne	t income from rental and other real property		Deh	tor 1				
Gra	oss receipts (before all deductions)	\$	0.00					
	dinary and necessary operating expenses	-\$	0.00					

0.00 Copy here -> \$

\$

0.00

0.00

\$

\$

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Case 19-28687 Doc 27 Filed 11/04/19 Entered 11/04/19 23:58:58 Desc Main

Page 2 of 4 Document Michael S. Helmstetter 19-28687 Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 4,893.33 4.893.33 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,893.33 Multiply by 12 (the number of months in a year) **x** 12 58.719.96 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: Ш Fill in the state in which you live. 1 Fill in the number of people in your household. 54.238.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Michael S. Helmstetter

Michael S. Helmstetter

Signature of Debtor 1

Date November 4, 2019

Case 19-28687 Doc 27 Filed 11/04/19 Entered 11/04/19 23:58:58 Desc Main Document Page 3 of 4

Debtor 1 Michael S. Helmstetter Case number (if known) 19-28687

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Case 19-28687 Doc 27 Filed 11/04/19 Entered 11/04/19 23:58:58 Desc Main Document Page 4 of 4

Debtor 1 Michael S. Helmstetter Case number (if known) 19-28687

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2019 to 09/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Wages Prime Time Nissan

Income by Month:

6 Months Ago:	04/2019	\$8,660.00
5 Months Ago:	05/2019	\$8,600.00
4 Months Ago:	06/2019	\$8,600.00
3 Months Ago:	07/2019	\$3,500.00
2 Months Ago:	08/2019	\$0.00
Last Month:	09/2019	\$0.00
	Average per month:	\$4.893.33